

**CCC-685**  
(04-13-98)

**U.S. DEPARTMENT OF AGRICULTURE**  
Commodity Credit Corporation

**AUTHORIZATION TO RELEASE WAREHOUSE RECEIPTS**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 104-127 and the Commodity Credit Corporation Charter Act, as amended (15 USC 714 b & c). 7 CFR Part 1421 authorizes collection of the following to release the warehouse receipts to a second party repaying the loan. Furnishing the requested information is voluntary; however, without it assistance cannot be provided. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0087. The time required to complete this information collection is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

*I hereby authorize the County FSA Office to release the warehouse receipts identified below to the person or firm shown below. Release to be after payment of the loan obligations secured by such receipts.*

1. COUNTY FSA OFFICE HOLDING WAREHOUSE RECEIPTS	<b>WAREHOUSE RECEIPTS TO BE RELEASED</b>		5. RELEASE TO (Name and Address)
	2. COMMODITY	4. WAREHOUSE RECEIPT NO'S.	
	3. LOAN NO.		

Loan Repayment Information: Make draft payable to CCC and deliver to County FSA Office shown above.

6. If repayment is received on:	DATE (MM-DD-YYYY)	7. Repayment is:	AMOUNT	8. If repayment is made after date shown, add the following for each additional day beyond such date:	AMOUNT
			\$		\$
9. EFFECTIVE DATE (MM-DD-YYYY)	10. PRODUCER (Signature)				12. AUTHORIZATION VOID AFTER (MM-DD-YYYY)
	11. FOR THE COUNTY FSA COMMITTEE				
	BY				

Form **NOT VALID** unless signed by both producer and representative of the County FSA Office.